FILED Mar 27, 2003 8:00 am Secretary of State

1. Entity Name SUN QUEST BUILDING & DEVELOPMENT, INC.					03-2	27-2003 90104 02	14 ***158.	.75
Principal Place of Business 27564 OLD US. 41 RD BONITA SPRINGS FL 34135 US		Mailing Address P.O. BOX 636 BONITA SPRINGS FL 33959 US						
2. Principal F	Place of Business	3. Mailing Address	Mailing Address				BIBIA BIBIA BIBIA B	ITUUK ANUKI TUDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0050088 Applied For Not Applied		oplied For	
Zip	p Country Zip		Country		5. Certificate of Status	Desired 54	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
INIA BANG.				Name				
MILLS, DA 27564 OL	aniel J. D US 41 RD		Street Address		P.O. Box Number is Not A	cceptable)		
BONITA SPRINGS FL 34135			,					
•				City	FL Zip Code			
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a			ed office or register		State of Florida. I am	familiar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	3 IN 11
THILE NAME STREET ADDRESS CITY-ST-ZIP	VDS MILLS, DANIEL J. 27225 JOLLY ROGER LN BONITA SPRINGS FL 34135	OGER LN STR			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, DANIEL J. 27225 JOLLY ROGER LN BONITA SPRINGS FL 34135	Delete		i			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like pripowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition